



Department of Planning, Building and Code Enforcement Planning Divisions, 801 North First Street, Rm 400 San Jose, California 95110-1795 (408) 277-4576

Website: www.ci.san-jose.ca.us/planning/sjplan

ADDITIONAL INSTRUCTIONS FOR

TEMPORARY OVERNIGHT SHELTERS IN CHURCHES

SPECIAL USE PERMIT

A Special Use Permit is required to provide temporary overnight shelter to homeless persons in any legal church. If you have either an existing Conditional Use Permit or Planned Development Permit, you must apply to amend your existing permit. You should understand and follow the instructions on the following pages if you are proposing to provide temporary overnight shelter.

- Duration of Use. Church facilities may be used as temporary shelter once for a maximum of 35 days in any calendar year. Church facilities may provide temporary overnight shelter to no more than 15 persons in one 24 hour period.
- Limitations on Existing Buildings. All persons
 receiving temporary shelter shall sleep and eat within
 church buildings. No person shall eat or be housed in
 tents, lean-tos or other temporary facilities. No church
 building or structure shall be erected, enlarged or
 modified for temporary shelter without an approved
 Development Permit as required by the Zoning Ordinance.
- 3. Conformance With Local and State Laws. A church providing temporary overnight shelter to homeless persons must be operated in conformance with all local and State laws. The City will conduct safety inspections to ensure that:
 - The number of persons sheltered in a church facility does not exceed the maximum square footage and occupancy standards contained in Title 17 of the Municipal Code; and,
 - b. The church facility has adequate egress and fire detection systems for life safety.

- 4. Completed Application Forms. A separate application shall be filed for each site. Each application must be signed by one of the following: (1) all owners of the real property included in the site, (2) a person having lawful power of attorney therefore, or (3) church pastor.
- 5. **Assessor's Parcel Number (APN).** The APN is required on the application form. The APN may be obtained from either (1) the property tax bill, or (2) the County Assessors Office at (408) 299-3227.
- 6. Description of Subject Property. A legal description is required which encompasses the site. It may consist of either (1) lot and tract numbers with a copy of the recorded tract map, or (2) a metes and bounds description prepared by a qualified professional. The legal description may be obtained with either an address or APN from the County Recorder, 70 W. Hedding St., East Wing, San Jose, CA 95110.
- 7. Noticing the Neighborhood. Noticing the Neighborhood. Refer to the Public Outreach Policy for a full description of the City's public notification procedures. Public Hearing notices will be mailed for development proposals at least 10 calendar days before the date set for hearing for a project. Notices will be sent to all property owners and residents within 300 feet for Very Small projects, 500 feet for Standard Development Proposals and a minimum of 1,000 feet for large or controversial projects as detailed in the Public Outreach Policy.
- 8. **Environmental Review.** A completed application is required for the appropriate environmental review.
- 9. Site Plan. An aerial photograph is required if you are applying for a Special Use Permit to provide temporary overnight shelter to homeless persons in an existing building involving no new construction or additional square footage as follows:

Nine copies of a 200-scale aerial photograph, 8 1/2" x 11", showing the site in the center of the photograph and the following information:

- a. Label the aerial photograph "Site Plan."
- b. Clearly outline and identify the site.
- c. Clearly outline the building where shelter activities will occur.
- d. Clearly label the building where shelter activities will occur as "Temporary Overnight Shelter."
- e. Name each surrounding street.
- Indicate north arrow and scale of the aerial photograph.

For information on purchasing an aerial photograph, please call the Department of Public Works at (408) 277-5297.

- 11. **Photographs.** Photographs are required of (1) the building where shelter activities will occur, and (2) the views from the building to the closest property lines. Label the photographs to indicate what is being viewed. Polaroid photographs are acceptable.
- 12. Fees. Application fees are required for the for Special Use Permit and environmental review applications. Associated Public Noticing Fees are also applicable. Please see the adopted fee schedule.
- 13. Management Plan. A Special Use Permit application for temporary overnight shelter in church facilities must contain a management plan which describes the physical and operational characteristics of the proposed use.

PROCESSING SCHEDULE

Planning Staff:

- Checks the application for completeness.
- Logs in application, assigns a File Number, and collects application fees.
- Reviews application with other City departments and obtains any pertinent information.
- Conducts a field inspection.
- Prepares a recommendation to the Director of Planning.

Director of Planning:

- Reviews the recommendation, and approves, conditionally approves, or denies the requested application.
- An approval, conditional approval, or denial of the Director may be appealed to the Planning Commission within ten (10) days of the decision.

Planning Commission:

- Will consider and act upon the appeal.
- If the appeal is denied, the decision of the Commission shall be final.

If the appeal is granted, the decision shall be effective immediately.





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SPECIAL USE PERMIT APPLICATION

(TEMPORARY OVERNIGHT SHELTER)

	(12111							
	TO BE COMPLETE	D BY PL	ANNING	G STAFF				
FILE NUMBER	COUNCIL	QUAD #	ZONING					
SP	DISTRICT			RECE	IPT #:			
PROJECT LOCATION				AMOL	JNT:			
				DATE	:			
				 BY: _				
	TO BE COMPLETI	ED BY TH						
Pursuant to the Provisions of P a Special Use Permit for tempo					plication is i	made to request		
FOR THE PROPERTY LOCATED AT	:							
ASSESSOR'S PARCEL NUMBER(S) (APN)					GROSS ACREAGE			
EXISTING USE OF PROPERTY				-				
PROPOSED USE OF PROPERTY								
SIGNATURE OF CHURCH PASTOR REQUIRED*								
The undersigned hereby declare (1) the information provided herein is true and correct, (2) the City may enter the property from time to time for purposes of inspection of the use subject to the Special Use Permit, and (3) a legal description of subject property, Exhibit A, is attached hereto and made a part thereof by reference.								
PRINT NAME OF CHURCH PASTO	R		С	DAYTIME TELI	EPHONE #			
ADDRESS		CIT	ГҮ		STATE	ZIP CODE		
SIGNATURE * Xerox Copied or Facsi.	mile Signatures will NOT be a	accepted.		D	DATE			
CONTACT PERSON								
PRINT NAME								
ADDRESS		CIT	<u>-</u> Y		STATE	ZIP CODE		
DAYTIME TELEPHONE #	FAX TELEPHONE #		E-MAIL AI	DDRESS				
()	()							

h. Who will operate the shelter program?

Client Supervision

TEMPORARY OVERNIGHT SHELTER MANAGEMENT PLAN

A Special Use Permit application for temporary overnight shelter in church facilities must contain a management plan

shelter in church facilities must contain a management plan which describes the physical and operational characteristics of the proposed use. Answers to the following questions constitute such a management plan. You may attach additional sheets if necessary.			Name Phone () Phone ()
	ration of Use		Name Phone ()
a.	Will church facilities be used as temporary overnight shelter for homeless persons for a maximum of 35 days in any calendar year?		NamePhone ()
	YES NO	i.	Who will supervise the shelter program?
b.	Will church facilities provide temporary overnight shelter to homeless persons to no more than 15 persons in one 24-hour period?		Name Phone ()
	YES NO		Name Phone ()
C.	What dates will the temporary overnight shelter operate?		Name Phone ()
	FROM: TO:	j.	What are the minimum qualifications for shelter supervsors?
Cli	ent Selection		
d.	How are clients selected for the shelter program?		
		k.	Will the clients be supervised at all times?
e.	What is your target group of clients?	1.	☐ YES ☐ NO Who will be contacted in the event of an emergency?
f	What is your criteria to screen clients?		Name Phone ()
			Name Phone ()
g.	Are the clients required to sign a contract prior to acceptance into the shelter program?		Name Phone ()
	YES NO		

Shelter Operation t. What are the hours of operation of the shelter?				
as eating, sleeping,				
n tents, lean-tos, or				
tes in feet between the son the site and the tial uses?				
dential, indicate "NR")				
ng neighborhood to shelter?				
es s c tial TH —— de				